Erie St. Clair **LHIN**
RLISS d'Érié St. Clair
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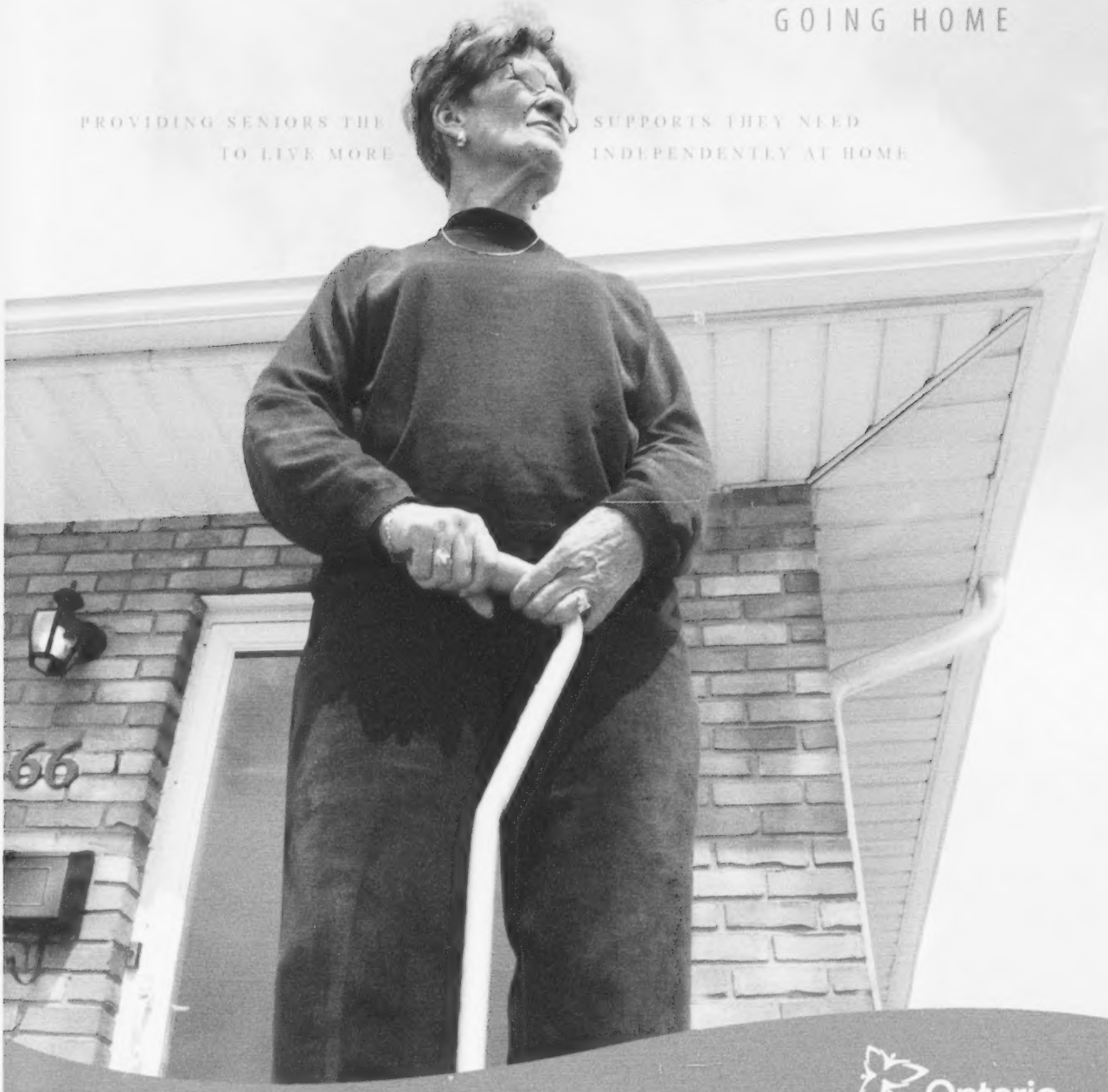
GETTING better GOING HOME

PROVIDING SENIORS THE [illegible] SUPPORTS THEY NEED
TO LIVE MORE [illegible] INDEPENDENTLY AT HOME



Erie St. Clair Local Health Integration Network
Annual Report 2011–2012
FOR THE YEAR ENDING MARCH 31, 2012

Ontario
Erie St. Clair Local Health Integration Network
Réseau local d'intégration des services de santé d'Érié St. Clair

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Erie St. Clair Local Health Integration Network.

MESSAGE FROM THE CHAIR & THE CEO

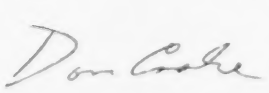
2011-12 was a year of opportunities and challenges. The state of our local economy and the strain that unemployment places on families means that people increasingly need the support and care of health and social services. These growing demands come at a time when public funds are limited for new investments. In this context, the leadership and accountability provided by the Erie St. Clair LHIN is needed more than ever to deliver better care, provide better experiences, and get better value from our local health care system.

High Alternate Level of Care rates, or the number of hospitalized seniors waiting for an available long-term care home bed, remain an issue in our LHIN and across Ontario. This past year, we worked with local hospitals, community service providers and long-term care homes to improve access to care by expanding or putting in place a range of new community-based and residential services. Many of these services support the wishes of seniors to live independently in their own homes and promote a "Home First" philosophy – an approach that exhausts all options for community care before moving people to long-term care.

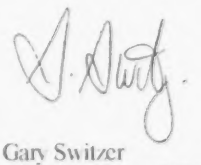
In 2011-12, much was done to support the approximately 36,000 people in our region who need ongoing care for diabetes. This included advancing standardized referrals and intake, as well as implementing best practices for diabetes care.

Value is a word that has different meanings for different people. People value the opportunity to be engaged in health care decisions, and the ESC LHIN relies on community input for the decisions we make. In 2011-12, patients, families, health care workers and other stakeholders lent their voice and helped build plans for improving access to mental health services. This was done through a new mental health strategic plan, as well as through the Behavioural Supports in Ontario initiative for patients and families dealing with complex behaviours. Finally, the value of care close to home became a reality for mental health patients transferred from London to Windsor in the new Tertiary Mental Health facility located at Windsor Regional Hospital's new Taylor Campus.

These are just a sample of our accomplishments in 2011-12 in delivering on our vision of better care, better experiences and better value. Looking to 2012-13, we will be working closely with the newly formed Leadership Council, a council of health care leaders and governors who together will find new ways to make health care look and act as one unified system built around the needs of the people it serves. We believe that having a better health care patient experience means that regardless of the institution, one has access to the best care standards available. I encourage you to stay engaged with us to learn and participate in local health care decisions for future years.



Dave Cooke
Chair



Gary Switzer
Chief Executive Office

What do all those letters mean?

See our handy Index of Acronyms on page 20.

WHY LHINS ARE BETTER FOR YOUR HEALTH

Health care comprises over 40 per cent of Ontario's tax spending. Local understanding of the health care system allows the ESC LHIN to improve efficiencies and spend each tax dollar wisely.

EXAMPLE:
Before the Erie St. Clair LHIN was established in 2005, most of the region's hospitals ran deficits. This inefficient way of operating threatened the sustainability of the entire health care system.

The ESC LHIN has worked with its hospitals to eliminate deficits and control spending while finding ways to deliver more and better services.

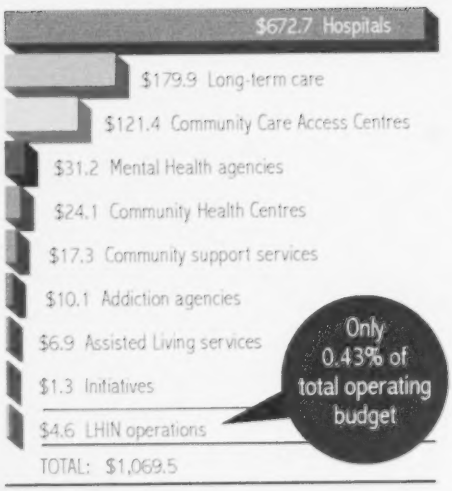
INTRODUCTION TO THE ERIE ST. CLAIR LHIN

Local Health Integration Networks (LHINs) are Crown agencies that work with local health care providers and community members to manage health care services on the basis of local needs. Before LHINs were created, health care planning was managed centrally. As a result, it did not always satisfy local needs. LHINs changed that.

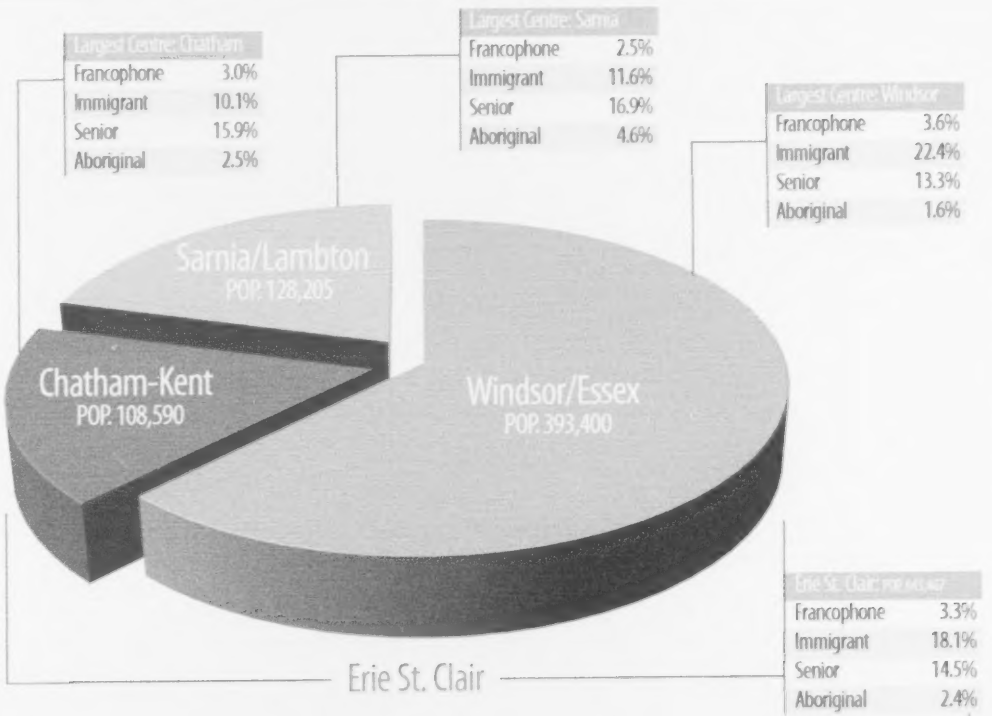
The Erie St. Clair Local Health Integration Network (ESC LHIN) is one of 14 LHINs across Ontario. The health care delivered in Erie St. Clair is planned locally and based on the input and participation of local communities in order to meet local needs. It is guided by a Board of Directors that is from the area and that understand the region's needs.

HOW ESC LHIN-FUNDED SERVICES ARE DELIVERED

(WITH BUDGETS IN MILLIONS)



POPULATION PROFILES, ERIE ST. CLAIR & ONTARIO



POPULATION HEALTH PROFILE

The health service needs of Erie St. Clair residents are significantly different from those of Ontario as a whole. Compared to the Ontario average, Erie St. Clair has:

- a higher proportion of seniors
- a lower proportion of individuals in the 25-to-39-year age group
- a significantly higher incidence of overweight and obese individuals
- a slightly higher proportion of individuals with poor lifestyle habits such as smoking, drinking, poor nutrition and inactivity
- significantly higher rates of chronic conditions such as cardiovascular diseases, cerebrovascular diseases, diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD) and arthritis
- significantly higher rates of hospitalization, potential years of life lost, and death due to higher rates of tumours and circulatory disease

SERVICE AREA

The ESC LHIN serves Ontario's three southernmost counties: Lambton, Chatham-Kent and Essex. The area's combined population is approximately 630,000.

**Note: not all First Nations communities participated in the 2006 census. As a result, exact percentages and figures are not available.*

The ESC LHIN serves Chatham-Kent, Sarnia/Lambton and Windsor/Essex, an area with a population of approximately 630,000 people. Although these regions are independent, each with unique qualities, they also share many commonalities such as being surrounded on three sides by the Great Lakes. The area's urban-rural mix is economically dependent upon the agricultural, petrochemical and automotive industries. Having American neighbours not only influences our local economy and trade, but also impacts the use and perception of health care.

Of the total LHIN population, approximately 15,000* individuals, or 2.4 per cent, identify themselves as Aboriginal, with the highest proportion of these residing in Sarnia/Lambton. The Francophone population, which represents 3.3 per cent of the LHIN population, is dispersed across the region. The Francophone population is older than the general population, with an average age of 48 compared to 39 overall. Approximately 55 per cent of all ESC LHIN residents live in urban areas.

CONNECTING WITH THE COMMUNITY

Health care providers and local residents are in closer touch with the people who plan and manage their health care system. That gives them a more direct say in the health care decisions that affect their community.

EXAMPLE:
Patients, their family members and frontline staff were the focus of consultations in 2011-12 to look for ways to address ongoing issues with patient flow and alternate level of care in Chatham-Kent, Sarnia/Lambton and Windsor/Essex area hospitals.

FUNDING NEW HOSPITAL BEDS AND LONG-TERM CARE BEDS

The ESC LHIN is coordinating and funding new services and more hospital beds to meet the needs of our communities, including:

Complex Continuing Care beds at Windsor Regional Hospital

Assess & Restore Unit at Hôtel-Dieu Grace Hospital

Assess & Restore Unit at Leamington District Memorial Hospital

INTEGRATED HEALTH SERVICE PLAN IMPLEMENTATION

Our Integrated Health Service Plan (IHSP) sets out five strategic integration priorities for 2011-2013. Its purpose is to improve health care outcomes by providing better integration, monitoring and adjusting system performance.

FIVE STRATEGIC DIRECTIONS FOR 2010–2013:

- better diabetes/chronic disease management
- better emergency department care
- better alternate level of care
- better mental health and addictions care
- better rehabilitation care & interventions

Success was achieved in a number of key areas in 2011-2012, including:

DIABETES & CHRONIC DISEASE MANAGEMENT

In 2005, approximately 36,000 residents of Erie St. Clair were diagnosed with diabetes – 14 per cent more than the provincial average. During the same year, diabetes patients made approximately 800 acute hospital visits and 1,500 emergency department visits (nine per cent and seven per cent higher, respectively, than the Ontario average).

The higher than provincial average prevalence of risk factors – smoking, alcohol misuse, physical inactivity, poor diet and obesity – suggest that residents of Erie St. Clair will continue to be at a higher risk for developing diabetes and other associated chronic conditions. Therefore, improving diabetes care is critical, which is why the ESC LHIN has continued to focus on bettering outcomes in diabetes and chronic disease management.

In 2011-12, the ESC LHIN worked closely with the Diabetes Regional Coordination Centre (DRCC) and diabetes service providers to deliver better health outcomes for people living with diabetes or who are at risk of developing it. Our primary efforts included:

Standardized Referral Intake Process

The ESC LHIN developed a standardized referral intake form, process and infrastructure for newly diagnosed diabetes patients. By moving to a region-wide central intake process, the DRCC will take referrals from family doctors and other primary care providers and ensure that anyone diagnosed with diabetes will be directed to a full range of services.

Ribbon cutting: Community Support Centre's new shuttle bus helps seniors and others get to medical appointments in Windsor Essex.

Inter-Professional Collaboration

The ESC LHIN improved and streamlined coordination among service providers within the LHIN's sub-regions. This helped them share and standardize programming (i.e., best practices and professional development) and improved diabetes system navigation. Successes included:

- implementation of a pilot model for a new Central Intake Referral Form
- widespread distribution of consumer surveys
- marketing strategies implemented to support local Diabetic Education Program
- initial stages of forming a Chronic Disease Steering Committee to help eliminate working in silos

Specialist Lead

The ESC LHIN established specialist lead supports for primary care engagements with regional long-term care (LTC) coordinators as well as directors of care for LTC facilities. Opportunities for the specialist lead to provide educational sessions – for staff at all levels within LTC facilities – were implemented via webinar, face-to-face, etc.

Consumer Consultations

The ESC LHIN's consumer consultations reached out to all at-risk populations. In collaboration with the Canadian Diabetes Association (CDA), our efforts focused on priority groups, particularly multicultural groups, and delivered presentations in other languages. Surveys were conducted with higher-risk population groups to gather information on current knowledge about diabetes and whether there is sufficient access to primary care.

Diabetes Self-Management Strategy

Activities and processes were put into place to promote awareness of diabetes self-management training programs. The programs are promoted where possible at all stakeholder engagements, with goals to participate conjointly at community or awareness events.

Better Access to Diabetes Services

Actions were initiated to identify gaps and region-specific barriers to diabetes care. These included face-to-face engagements with stakeholders and champions of care. We also conducted surveys to better understand the region's current status. Successes include:

- implementation of a marketing plan for a Pediatric Metabolic Unit at the Windsor Regional Hospital
- successful engagement to discuss partnership opportunities with Directors of Care for LTC facilities in the ESC region
- draft ideas and stakeholder participation in the development of a Diabetes Clinical Pathway
- identification of an optometrist champion for the region

Promoting Equity in the Provision of Diabetes Services

In order to enhance knowledge of diabetes at-risk populations, the ESC LHIN reviewed regional statistics to identify minority and vulnerable populations, followed by meetings with key stakeholders. As a result, the ESC LHIN strategies are collaborative and include feedback from health service provider team members, steering committees, and other identified diabetes champions and stakeholders. Successes include:

- partnership/collaboration with CDA and LHIN Francophone lead
- recruitment of volunteers for CDA
- engagement with multicultural and First Nations populations
- engagement with stakeholders from 21 countries of origin
- strategy building with directors of care in LTC facilities in the ESC region

Actions were initiated to identify gaps and region-specific barriers to diabetes care

Knowledge Translation and Exchange of Best Practices in Diabetes Care

Actions were taken for primary care engagement to support best practices, knowledge translation and planned proactive management of diabetes, including primary method of contact, purpose of contact, type of education provided, etc. The DRCC approached the LTC facilities to discuss and develop ideas for:

- formalized evidence-based plans for screening identification and management guidelines for all patients
- flowsheet recording to track progress on a patient-by-patient basis
- team education for physicians and front line staff to address knowledge gaps, facilitate improved team collaboration and decision-making
- registry functionality to track the entire cohort of diabetes patients and at a glance, identify patients failing to meet targets of care

ALTERNATE LEVEL OF CARE & EMERGENCY DEPARTMENT CARE

In 2011-12, nearly 12 per cent of patients receiving acute care in the hospital were designated Alternate Level of Care (ALC) and waiting for services to be available at home, in the community or at a Long-Term Care home.

LHIN SUPPORTS WINDSOR/ESSEX CHC MOVE TO NEW SITE

In relocating the diabetes program, the WE Community Health Centre (CHC) brought Diabetes in Action and the Diabetes Programme Windsor-Essex under one roof, realizing a dream of CHC staff and physicians. The move improved service delivery and cost efficiency, maximized staff coverage and improved access to care for people with diabetes living in the county.

GETTING BETTER AND GOING HOME

Transitional Care Beds improving care for seniors

In November 2011, eight new transitional care beds were launched in Rose Garden Villa.

This new service provides enhanced care to patients to support their continued rehabilitation with a focus on daily living activities, restorative care and physiotherapy for strengthening, and achieving specific client goals that will support their transition back home.

As a testament to the program's success, one 87-year-old woman who had transferred from hospital to Rose Garden Villa on Dec. 2, 2011 went home on Jan. 6, 2012, after successfully completing physiotherapy and other rehabilitative programs.

In total, 22 residents were discharged home after an average stay of 30 days.

ALC patients occupied nearly half (48 per cent) of the complex continuing care beds. Furthermore, all patients experienced longer waits in emergency departments because of a lack of available in-patient beds. In 2010-11, admitted patients waited 18 hours on average in the emergency department (ED) for an in-patient bed. In 2011-12, this average wait increased to 24 hours.

High ALC rates impact access to appropriate and timely care. It also reflects the need for services to be available in the community to better respond to people's health needs and avoid hospitalization. This issue was felt disproportionately in Windsor/Essex compared to other parts of the ESC region due to a shortage of available long-term care beds.

To address ALC issues, the Erie St. Clair LHIN has been working with local Community Care Access Centres (CCAC) and hospitals and has implemented a Home First philosophy, emphasizing an effort to help seniors live independently in their homes with the appropriate level of care. The Home First approach is based on the idea that, with community services and support, seniors will do better recuperating at home. As well, they will avoid hospital infections that pose serious threats to frail seniors. Finally, community services such as home care, transitional care, supportive housing, restorative type care programming, long-term care and other services such as assisted living, rehabilitation, palliative care services, respite care and prevention strategies are needed to safely move ALC patients out of the acute care setting. In turn, Home First will increase the availability of acute care beds for patients waiting in emergency departments

Alternate care services help identify ED patients on the basis of their needs. Patients with uncomplicated conditions such as upper respiratory infections, bladder infections, ear infections or eye infections often require less time for diagnosis, treatment or observation. These patients spend an average of 4.3 hours in the ED. On the other hand, high-needs patients spend an average of 9.5 hours waiting for physicians to make a diagnosis, provide the necessary treatment or decide if hospital admission is needed. Windsor/Essex continues to experience higher patient care needs and ED holds. To improve access to ED care and lower ALC rates the following activities were undertaken.

ALC Initiatives

In 2011-12, the following measures were implemented to increase ALC placements:

Walker Report: The ESC LHIN and funded health service providers participated in a one-day consultation supporting the provincial report prepared by an expert panel led by Dr. David Walker on the issue of Alternate Level of Care. In response to the report and recommendations, a LHIN-wide ALC/ED strategy was launched.

Additionally, the LHIN moved forward with implementation of the Home First project in collaboration with the Erie St. Clair CCAC. The primary goal of Home First is to support patients' ability to return home after being discharged from hospital. Implicit in this is the goal of avoiding, where possible, admission to a long-term care home or other care setting.

More Options for Care: With a shortage of long-term care beds in Windsor/Essex along with high occupancy and ALC rates in the region's hospitals, the ESC LHIN worked with funded health services providers and other community partners to identify opportunities to coordinate and fund new or expanded services. Through these efforts the following services became available to patients:

- 60 new Interim LTC Beds – Leamington Court Retirement Residence
- 26 Complex Continuing Care Beds - Windsor Regional Hospital
- 32 Assisted Living Units and Virtual Units – Assisted Living Southwestern Ontario (ALSO)
- eight Convalescent Beds at Rose Garden Villa
- six Convalescent Beds at Franklin Gardens

In addition to launching Home First, the ESC LHIN provided $3.2 million to the Erie St. Clair CCAC, which was able to extend home care to more ESC clients, as well as run its resettlement program for high-needs clients.

Emergency Department Care

In 2011-12, ESC LHIN undertook the following activities to improve ED care:

- increased patient flow from ED registration to inpatient admission and appropriate discharge
- prioritized the Home First philosophy across the ESC LHIN to support patients real needs
- reduced ED visits and re-admission for chronic disease management
- streamlined mental health services between community providers and hospitals
- improved access to primary care for episodic and ongoing care
- improved access to primary care/ nurse practitioner assessments in LTC homes
- increased resources for Nurse Led Outreach teams to LTC homes, convalescent care beds and for assess and restore programs
- enhanced home care services and initiatives for seniors to avoid unnecessary ED visits and hospital admissions and to support timely discharge

59 psychiatric beds and 3 ACT teams transferred. As a result, 17 patients now receive treatment closer to home.

MENTAL HEALTH & ADDICTIONS

The ESC LHIN region has been strongly affected by the recent economic downturn. In times like these, a mental health care system that is traditionally under-serviced feels an even greater burden with increased ED visits, hospital admissions and a greater reliance on community services for those with a mental health diagnosis.

ESC LHIN data shows that:

In the emergency department, 77 per cent of mental health and addictions visits are associated with three diagnoses: neuroses; disorders that are stress, somatoform and mood related; and mental and behavioural disorders due to psychoactive substance use. In the acute setting, 77 per cent of active cases are associated with mood disorders, schizophrenia and other psychotic disorders. In the community, increases in new admissions indicate a growing need for programs to address problem gambling and substance abuse. Finally, anecdotal information indicates that suicides and abuse events are increasing.

More needs to be done to provide timely access to care for people coping with a mental illness. In 2011-12, the following steps were taken to accomplish this goal:

Early Intervention

In the fall of 2011, the ESC LHIN invested $606,042 in new base funds for a regional Early Intervention, First Episode Psychosis Program that provides early identification, assessment and treatment. The focus is on minimizing the disruption of lives and assisting young people aged 14 to 35 in maintaining or returning to educational, vocational and social activities.

Behavioural Support Services

In December, the Ministry of Health and Long-Term Care (MOHLTC) approved a $2.4 million ESC LHIN Integrated Behavioural Support Services Action Plan that will provide enhanced cross-sectoral services to meet the needs of older adults with cognitive impairments due to dementia, mental health issues, addictions and neurological conditions associated with responsive behaviours. The target population includes caregivers and older adults with responsive behaviours who reside in the community or in institutionalized care. The main goals of the plan are to reduce ALC and ED visits and increase the skills of frontline LTC and hospital caregivers for this increasingly complex group. This action plan is in early-stage implementation, which includes the development of five LTC lead homes, system navigation for intake/triage and long-term involvement with families. The action plan will also build upon the Aging at Home Geriatric Mental Health Outreach Teams across Erie St. Clair.

ENHANCING MENTAL HEALTH SENIORS' SERVICES

Erie St. Clair LHIN Behavioural Supports in Ontario (BSO) Project

One out of five Ontarians faces challenges with mental health and addiction problems at some time. The ESC LHIN has created a Responsive Behaviours Action Plan that includes the development of 39 new jobs to provide clinical interventions for older adults. This action plan is guided by an overarching client value statement:

"I am a unique individual, worthy of respect, dignity and quality care."

ASSESS & RESTORE PROGRAM DELIVERS RESULTS

New Rehab models give seniors hope of getting better and going home

June Melton (*above*) believes she gained back independence through Leamington's Assess and Restore Program. Now that she's back in her own home, she's been able to continue her volunteer work within the community.

Ernest Bodechon received treatment at the new Assess and Restore unit at Leamington District Memorial Hospital and was able to return home safely, with additional home supports. Ernest credits the program for his decrease in falls, saying that he used to fall three to four times a day, and hasn't yet fallen since coming home.

In all, 545 patients received care through the ESC LHIN Assess and Restore Program.

Telemedicine Nursing

The ESC LHIN Telemedicine Nursing Initiative provides "care closer to home." It builds upon the existing Ontario Telemedicine Network by placing 15 nurses in a number of clinical environments. Six RNs are designated to provide services to the mental health and addictions population group. These nurses are placed in five emergency departments and one child/adolescent community crisis service that links to beds at the Maryvale treatment centre for children in Windsor. This $1.2 million telemedicine initiative will facilitate the linkage between nurses and the necessary expertise to complete clinical assessments as they relate to potential admission, community mental health services and for follow-up for people in rural areas who need psychiatric consultations. The telemedicine initiative will also establish standardized clinical-care paths and clinic days to give people access to quality care no matter where they live.

Community Health Centre Nurse Practitioners Specializing in Eating Disorders

Building upon the expertise at the Windsor Essex CHC and the new Chatham-Kent CHC mandate of serving youth with mental health and addictions issues, the Erie St. Clair LHIN provided new base funding for two nurse practitioners who will focus exclusively on clients with eating disorders (initially, aged 11 to 19). This new program includes training for CHC staff who will work alongside the nurse practitioners as a multi-disciplinary team.

Tier II Tertiary Psychiatric Bed Transfer

In the fall of 2011, the Tier II tertiary psychiatric bed transfer concluded with the successful program and funding transfer of 59 beds, three Assertive Community Treatment teams from Regional Mental Health Care London to Windsor Regional Hospital and the repatriation of 17 patients to their home communities in Chatham-Kent and Windsor/Essex.

The project scope includes people with:

- moderate and serious mental illnesses
- eating disorders
- concurrent disorders

REHABILITATION

Rehabilitation generally strives to meet one goal - to improve the lives of those who have been diagnosed with a disease or who have experienced injuries. Regardless of the cause or treatment required, rehabilitation can help people regain their social status by enabling them to live normal and healthy lives. For patients who have been diagnosed with diseases of the lung and heart, spinal disorders, cancer or other diseases/injuries that may affect physical functions, rehabilitation can provide the help patients need in order to return to work or home.

Our local health care system has, unfortunately, sometimes lacked focus on rehabilitation, especially for those hospitalized and waiting for an alternate level of care. Failing to access appropriate rehab services while in hospital increases patients' risk of losing their ability to manage normal daily activities.

545 patients received care through the Assess and Restore Program

The lack of rehab also reduces the person's prospects of returning to independence at home. As a result, the Erie St. Clair LHIN has prioritized the improvement of the rehabilitation system both in hospital and in the community. These interventions are expected to have a positive benefit of lowering hospital length of stay, leading to improved ALC flow, and maintaining or improving patients' ambulatory capabilities. Rehabilitation services with supervised supports keep people in their homes longer and safer and reduce rates of hospitalization and re-hospitalization for post-operative clients.

The ESC LHIN invested in Assess-Restore Programs in Chatham-Kent and Windsor/Essex while also developing community rehabilitation resource teams (focused on COPD) in both areas.

The ESC CCAC received the province's Quality Award for its Palliative Care Consultation Team's achievements in making it easier for patients to spend their final days at home.

Primary efforts included:

- supporting the development of a transitional stroke program in Sarnia/Lambton
- supporting the program's development and expansion in Chatham-Kent
- investing in more rehabilitation bed capacity in Windsor/Essex
- moving ALC patients out of hospitals through focused rehabilitation
- supporting the advancement of a strategic plan for the rehabilitation sector

END-OF-LIFE/HOSPICE PALLIATIVE CARE

Providing better care to those at the end of life has been an ongoing focus of the Erie St. Clair LHIN, with the goal of improving patient and caregiver quality of life. Progress has been made to advance the development of the region's hospice palliative care (HPC) system. Several organizations are advancing promising initiatives. Their primary goals include:

- ensuring a full continuum of HPC care settings and services is available in each county
- increasing the number of HPC programs in care settings where patients die
- improving integration across sectors through common regional processes, structures, education and personnel that connect the sectors
- increasing the number of specialist-level HPC experts and improving primary care providers' knowledge, skills and confidence in reducing the severity and distress associated with end-of-life symptoms
- enhancing the current cross-sector accountability for HPC in Erie St. Clair (including cross-sector/system-level planning, evaluation and reporting)
- identifying provincial and federal policy/funding/guideline issues that impact HPC service delivery and work toward improved integration

Providing better care to those at the end of life has been a focus of the Erie St. Clair LHIN

HONOURING A MAN'S WISH TO DIE AT HOME

Fred was a middle-aged man with a debilitating chronic disease. He wanted to die at home, but he lived alone and had few family supports. Fred's wish was honoured by the Palliative Care Consultation Team from the Erie St. Clair CCAC.

After discharge from the hospital, Fred was met at home by the team. By the end of the day, all the necessary medication, equipment and supports were arranged. The chaplain offered spiritual support and later provided a service in the client's home before he passed away.

To date, ESC LHIN palliative care consultation teams have provided compassionate end-of-life care to over 700 clients in their homes.

INTEGRATED MENTAL HEALTH BRANCH SEES POSITIVE CHANGES

On Feb. 1, 2011, the Chatham-Kent and Sarnia/Lambton CMHA offices merged. The integrated agency now employs over 120 staff across the region and offers clients a variety of supports.

The merger of the two branches has helped to provide better access to care for consumers and allows the organization to have a better connection with the communities it serves.

As a result, wait times for intensive case management have been eliminated. In the Sarnia office, wait times have been reduced from 12 weeks to zero, and in Chatham wait times have also been reduced to zero, from eight weeks.

INTEGRATION ACTIVITIES

The *Local Health System Integration Act, 2006* was passed to *"provide for an integrated health system to improve the health of Ontarians through better access to high-quality health services, coordinated health care in local health systems and across the province and effective and efficient management of the health system at the local level by Local Health Integration Networks (LHINs)."*

The Act seeks to integrate services through a broad range of activities. At its core, integration involves collaboration among health care providers to improve patient care and funnel more money toward the provision of care. The following integration activities took place in 2011-12:

WINDSOR/ESSEX

Citizen Advocacy and *Family Services Windsor-Essex County*: These agencies, which provide complementary services to similar clients, have developed a number of shared arrangements that have proven successful. Savings through consolidation of back office and administrative functions were reinvested into frontline services. The agencies are now completing a full amalgamation of their operations.

Transportation: The ESC LHIN funds five community support services agencies to provide services to seniors and others who require transportation to medical appointments. These agencies and the LHIN are developing an integrated transportation system to better serve all of Windsor/Essex.

CHATHAM-KENT

Facilities: The Chatham-Kent CHC, Chatham-Kent Health Alliance and Chatham-Kent Mental Health Association started planning for a site accommodating all three organizations in Chatham, and a possible "Campus of Care" in Wallaceburg.

Mental Health Organizations: The formal merger of the Canadian Mental Health Associations (CMHA) in Chatham-Kent and Sarnia/Lambton to form a new corporation: CMHA Lambton-Kent.

Health Unit: The Chatham-Kent Health Unit and the Chatham-Kent Healthy Communities engaged the LHIN (and other agencies) in a "Resource Based Accountability" joint education process.

Stroke/Aquired Brain Injury: Since November 2011, the Brain Injury Association of Chatham-Kent and the Stroke Recovery Association of Sarnia/Lambton have been completing formal merger agreements.

eHealth: With the support of Community Care Information Management, the community agencies providing mental health services implemented an electronic integrated assessment record.

SARNIA/LAMBTON

Facilities: In May 2011, the regional CCAC, CHC and CMHA commenced planning for a site accommodating all three organizations in Sarnia.

End-of-Life: In Sarnia, the Bluewater Health centre integrated its palliative care service with the CCAC's palliative care consultation team and St. Joseph's Hospice to form an integrated end-of-life care service for Sarnia/Lambton.

Mental Health Organizations: CMHA Chatham-Kent merged with CMHA Sarnia/Lambton to form CMHA Lambton-Kent.

Supportive Housing: Many agencies in Chatham-Kent and Sarnia/Lambton completed the transfer of patients to provide better access to care: Chedoke Hospital in Hamilton to CKHA, Riverview Gardens LTC Home in Chatham to CK Supportive Housing and Bluewater Health to Maxwell Park Place in Sarnia and other supportive housing facilities.

Hips and Knees: Bluewater Health transferred unused hip-and-knee surgery capacity to the Chatham-Kent Health Alliance which had used up its approved volume – an example of inter-hospital cooperation.

On Sept. 24, 2011, Pelee Island residents met with the Pelee Island Health Care Task Force for an update on the health care situation and to discuss new options.

COMMUNITY ENGAGEMENT

Community engagement formed an integral part of Erie St. Clair LHIN activities in 2011-12, involving patients, families, frontline health care workers and administrators, and other important stakeholders. These engagements helped the LHIN form a better understanding of issues affecting access to care. The following engagement initiatives took place in 2011-12:

ALTERNATE LEVEL OF CARE

Information was obtained from patients, family members and frontline health care workers to improve patient flow and the coordination of care for Alternate Level of Care (ALC) patients at area hospitals. Two reports detailed recommendations for improving senior care: one in Windsor/Essex and another for Chatham-Kent and Sarnia/Lambton. A number of areas for improvement were identified: more rehabilitation supports, better collaboration, better integration among organizations providing care, and more information and emotional support for patients and families facing difficult and life-changing decisions.

Engagement helps the ESC LHIN better plan and meet the community's needs

PELEE ISLAND HEALTH CARE TASK FORCE

The ESC LHIN brought together health care leaders, providers and community members from across the region and province to explore health care solutions for Pelee Island. The Pelee Island Health Care Task Force was created to recommend better support services.

The task force held two community meetings during which the panel received initial feedback on concerns and proposed solutions. These meetings were supplemented by feedback from surveys, emails, phone calls, etc. The result: innovative solutions and partnerships for providing after-hours on-call services, transportation and enhanced primary care.

COMMUNITY PARTNERSHIP IS THE RECIPE FOR SUCCESS

In the summer of 2011, Pelee Island faced the challenge of staffing its nursing station with 24/7 emergency nursing coverage. To find solutions, the ESC LHIN formed the Pelee Island Health Care Task Force. Community members, hospital staff, physicians, local Emergency Medical Services staff, municipal officials, LHIN staff and other health care stakeholders worked for three months to analyze, evaluate and make recommendations for improving access to health care.

Pelee Island Mayor Rick Masse commended the task force's effort and the collaboration of so many that resulted in reasonable solutions for improving health care.

To see an interview with Pelee Island Mayor Rick Masse, go to http://ow.ly/9DlbC.

SUN PARLOR HOME FOR SENIOR CITIZENS WINS EXCELLENCE AWARD FOR QUALITY IMPROVEMENT

In October 2011, Sun Parlor Home for Senior Citizens in Leamington received the province's inaugural Residents First Quality Improvement Award for its involvement in the Pressure Ulcer Awareness and Prevention Collaborative. Through the collaborative, Sun Parlor staff applied quality improvement methods to reduce the prevalence of pressure ulcers by over 50 per cent. The award celebrates the commitment and dedication Sun Parlor has displayed in adopting new and challenging quality improvement initiatives.

Residents First
Advancing Quality in Ontario Long-Term Care Homes

Learn more at www.residentsfirst.ca.

March 7, 2012, a Residents First Event, hosted by the ESC LHIN and Health Quality Ontario, provided training to LTC staff on quality improvement tools and ways to enhance quality of life.

ONTARIO MEDICAL ASSOCIATION

Physicians continued to influence local health care through engagement in a number of planning initiatives and through an ongoing partnership with the Ontario Medical Association (OMA). Spring and fall engagements were held with local OMA members in Chatham-Kent, Sarnia/Lambton and Windsor/Essex.

The sessions provided physicians the opportunity to learn about new programs and services such as Home First.

RESIDENTS FIRST

Residents First provides quality-of-life improvement tools for residents in long-term care homes. Approximately 150 LTC employees from across the Erie St. Clair and South West LHINs met with Health Quality Ontario Residents First Improvement Facilitators in December to advance best practices.

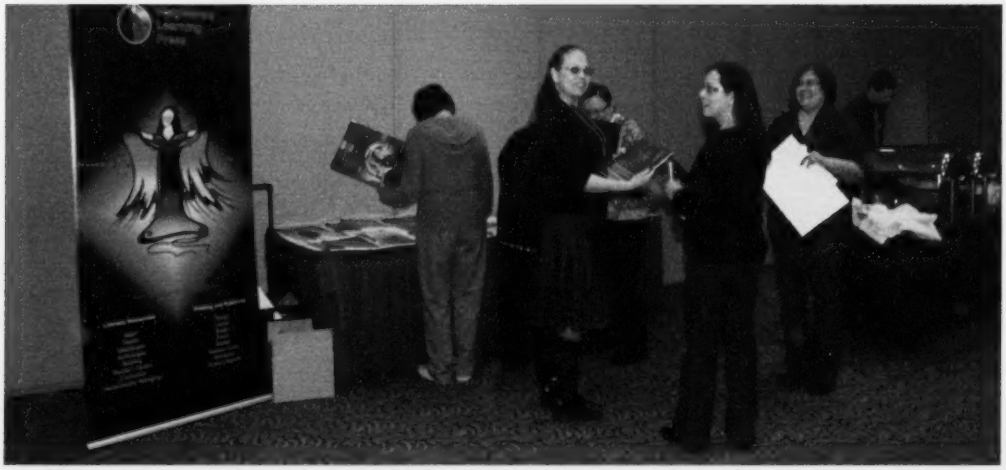
In October 2011, Sun Parlor Home in Leamington received the province's inaugural Residents First Quality Improvement Award for its involvement in the Pressure Ulcer Awareness and Prevention Collaborative. Through the collaborative, Sun Parlor staff reduced ulcer prevalence by over 50 per cent.

Sun Parlor staff reduced the prevalence of pressure ulcers by over 50%

BEHAVIOURAL SUPPORTS IN ONTARIO

BSO is a government of Ontario initiative supported by the ESC LHIN. The program develops and implements new care models, focusing on quality of care and quality of life for people with complex behaviours such as aggression, wandering and agitation. For these people, BSO reduces the risks to themselves and others.

The ESC LHIN assembled a group of local stakeholders to develop a LHIN-wide BSO Action Plan, guided by a value statement created



Aboriginal engagement session held in Sarnia.

by the group—*"I am a unique individual, worthy of respect, dignity and quality care."* To design a more patient-centered model of care, the group reviewed how patients with responsive behaviours flow through the care system. Through the action plan, five new LTC home lead teams will improve care and education for patients and staffs on how to better manage responsive behaviours. Additionally, three new Alzheimer's system navigators will provide support to families caring for loved ones with responsive behaviours.

ABORIGINAL ENGAGEMENT

The Local Aboriginal Health Committee, which includes First Nation and urban Aboriginal health professionals, representatives and LHIN staff, provides advice on Aboriginal health priorities and on opportunities for integration and collaboration. The advisory committee, along with the South West LHIN, focuses on diabetes care and self-management and on creating a joint, Aboriginal-specific mental health and addictions strategy by the summer of 2012. A Mental Health & Addictions expert group, including indigenous healers, has been established to support the strategy development. The ESC LHIN is also engaged with the region's Community Health Centres and First Nations and Aboriginal Health Access Centres to improve Aboriginal access to primary care.

The committee also collaborated with the South West LHIN Aboriginal Committee to host a one-day symposium for managers of health services. The event focused on ways to incorporate western and indigenous health concepts, and on the development of innovative partnerships. Additionally, First Nation partners across the ESC and South West LHINs are collaborating on a regional data management and community support services assessment and reporting integration project through Health Canada's Health Services Integration Fund. Other engagements focused on urban Aboriginal and Métis communities.

Improving access to, and accessibility of, services in French

FRANCOPHONE ENGAGEMENT

During its first year of operation, the Erie St. Clair/South West French Language Health Planning Entity (FLHPE), which serves both the Erie St. Clair and the South West LHINs, has focused on becoming familiarized with the LHINs' work within the Francophone population. The team is now complete, with one executive director, two planners and one administrative assistant. Its main office is in Windsor with a satellite in London.

A HAPPY, HEALTHY HOME ON WALPOLE ISLAND

When Glen, a resident of Walpole Island First Nation on Lake St. Clair, returned home from hospital after undergoing a leg amputation, he needed a ramp to access his home. Under LHIN funding, the Home Maintenance and Repair Program of Home & Community Care Walpole Island put the ramp in place.

Even so, living in his home presented other challenges to his wheelchair mobility. Although limited resources were available, Home and Community Care made the critical renovations so that Glen could move freely through his home and live with comfort and safety.

ESC LHIN ONLINE IN 2011-2012

WEBSITE
eriestclairlhin.on.ca
Visits: 34,067
Page views: 117,649

FACEBOOK
Likes: 154

TWITTER
twitter.com/ESCLHIN
Following: 331
Followers: 406

YOU TUBE
Video views: 1,530

A workshop for health service providers discussed strategies for engaging Francophone communities.

The 2011-2012 FLHPE Joint Action Plan, developed in partnership with both LHINs, focused on three goals:

1) *define how each partner will interact with the other and the roles and responsibilities of each partner within an accountability framework;*
2) *seek opportunities to improve access to, and accessibility of, services in French for priority populations, including people with mental health and addictions issues, people living with a chronic disease, in particular diabetes, and seniors and adults with complex needs; and*
3) *develop a mutual community engagement framework that defines the role of each partner. It is expected that much of the work initiated in 2011-2012, aiming at improving access to and accessibility of services in French, will continue in the next year.*

The ESC LHIN has established an open relationship with the FLHPE. A liaison committee, which includes representatives from all three partners, met every two months on average to provide a forum for collaboration and ongoing dialogue. The goal of the three partners is to improve health outcomes of the Francophone population. As well, the LHINs' French Language Services (FLS) coordinators met with the FLHPE's planners on several occasions to work on specific initiatives. The FLHPE submitted its first advisory report to the ESC LHIN in January 2012. This report contained five recommendations, some of which have already been completed and others integrated in the 2012-2013 Joint Action Plan.

The FLS Coordinator also partnered with the Erie St. Clair Diabetes Regional Coordination Centre to facilitate four focus groups about services for Francophones living with diabetes. A total of 27 people participated in the discussions.

As part of the Erie St. Clair mental health strategic plan development, a focus group was held with French-speaking stakeholders and health service providers to discuss mental health services delivered to the Francophone population. As well, French-speaking patients and families were invited to share their experiences in dealing with the mental health system and to express their ideas on ways to improve it. In total, three French-speaking stakeholders/providers participated in the focus group and nine stakeholders/providers were later interviewed.

COMMUNITY ENGAGEMENT INITIATIVES (April 1, 2011 - March 31, 2012)

	Total Participants	Frequency	Format	Content	Outcome
GOVERNANCE	135	11	Open Board Meetings	Meetings of the Board to address governance of ESC LHIN and other matters.	Open Board meetings are an opportunity for the public to learn about local health care.
	119	6	ESC LHIN / HSP Leadership Councils (formerly Governance Advisory Councils)	Tri-County Councils with governance representatives from all funded health service providers.	Council improves collaboration among health service provider boards.
	8	6	Board Meeting Open Mic	Members of the public can address the ESC LHIN Board of Directors in an open mic session.	Relevant issues or questions raised to ESC LHIN Board and direct engagement with community members.
	N/A	9	Board Meeting Highlights	Highlights of information and decisions from open Board distributed and posted online.	Increased awareness of Board activities and media coverage of important matters.
PLANNING & INTEGRATION	16	4	Diabetes Regional Advisory Network	Provider and stakeholder-based networks providing support for system planning and integration.	Advanced standardized referrals and intake, as well as implemented best practices for diabetes care.
	15	1	Emergency Department Medical Advisory Network		Developed and implemented pilot projects for improving patient care and flow in EDs.
	18	5	End-of-Life Care Advisory Network		Improved integration of palliative care services and providers as well as increased the level of expertise in hospice palliative care
	14	3	Mental Health & Addictions Advisory Network		Supported the transfer of 59 Long-Stay Psychiatric beds from SW LHIN to ESC LHIN.
	12	4	Rehabilitation Advisory Network		Proposed a process to create a vision and model for rehabilitation care.
	12	1	Surgical Advisory Network		Reviewed chronic pain management services and proposed new regional Chronic Pain Management Assessment /Referral Service.
	318	5	Performance Forums	Regional health service provider and stakeholder meetings to improve integration and collaboration in health services.	Supported greater integration among health service providers, leading to better access to care .
	300	9	Pelee Island Health Care Task Force	Analyzed, evaluated and made recommendations to support health care on Pelee Island.	Final report presented to the ESC LHIN Board.
	18	3	Mental Health Strategic Planning Advisory Committee	Led design and implementation of strategic planning exercises for improving mental health and addictions care.	Oversaw the initial phases of the strategic plan implementation that included the engagement of consumers, families, mental providers and clinical experts.
	14	5	Primary Health Care Task Group	Group's initial focus on Chatham-Kent and chronic obstructive pulmonary disease.	Disbanding of task group and development of a Primary Health Care Council under the direction of the new Primary Care Lead, along with the creation of a Chatham-Kent Chronic Obstructive Pulmonary Disease Working Group, in order to advance an integrated care model.
	140	2	Residents First Forum - joint Health Quality Ontario, ESC LHIN and SW LHIN	Training sessions provided LTC homes with quality improvement tools and ways to enhance quality of life for residents	Since launching training sessions in December 2010, significant improvements have been seen in the quality of care in LTC homes.
	35	1	ESC LHIN ED "Pay For Results" (P4R) Forum	Sharing best practices among ESC LHIN hospitals regarding improving ED flow, quality, safety and patient care.	P4R work being done by all ESC LHIN hospitals to improve ED wait times.

COMMUNITY ENGAGEMENT (continued)

	Total Participants	Frequency	Format	Content	Outcome
PHYSICIANS	105	6	Ontario Medical Association /LHIN Engagement Sessions	To provide physicians updates on local health care initiatives and receive feedback.	Local relationships built with physicians and information exchanged to improve access to care.
FRANCOPHONE	6	1	Comité action santé d'Érié St-Clair	Committee of local Francophone stakeholders.	Sets regional priorities; provides feedback to LHIN. Surveyed ED patients on language preference.
	8	6	ESC/SW Liaison Committee (French Language Health Planning Entity)	To provide a forum for collaboration and ongoing dialogue among the FLHPE, the SW LHIN and the ESC LHIN in order to improve health outcomes of the Francophone population.	Partners are working collaboratively on initiatives to improve access to, and accessibility of services in French for priority populations, including those with mental health and addiction issues or living with a chronic disease, in particular diabetes, and seniors and adults with complex needs.
	27	4	Diabetes Focus Groups	Discussions with Francophones living with diabetes.	Learned more about the experiences of people living with diabetes to understand best practices and gaps in order to improve the system.
	70	4	Diabetes Education	Presentation on diabetes to the Francophone population.	Promotion of health and diabetes prevention to the Francophone population.
	12	1	Mental Health Focus Group and Interviews	Discussions and interviews with Francophone stakeholders and health service providers.	Learn more about the mental health services system for the Francophone and general population. Increased understanding of the needs and gaps in service delivery.
ABORIGINAL	15	7	Local Aboriginal Health Planning Committee	Local Aboriginal health care professionals, stakeholders and ESC LHIN staff.	Provided input regarding initiatives focused on improved health care for the Aboriginal population.
	240	3	Joint ESC/SW Aboriginal Health Events/ Forums	Information sharing and planning sessions.	Networking among key HSPs; best practices identified; health issues and priorities identified.
MEDIA	N/A	50	News Releases	Communications related to health care management, planning and investments.	Media and public better informed of ESC LHIN initiatives.
ELECTED OFFICIALS	N/A	12	LHINfo Minute	Communications related to health care program updates, success stories and best practices.	Elected officials and health service providers given updates on programs and services within the ESC LHIN.
WEBSITE	34,067	N/A	Visits	Total number of visitors using the ESC LHIN website as a source of information, for the year ended March 31, 2012.	Increased visibility and transparency of the ESC LHIN and engaged the community with interactive content.
	117,649	N/A	Page Views	Total number of pages viewed by visitors to the ESC LHIN website, for the year ended March 31, 2012.	
FACEBOOK	154	N/A	"Likes"	Total number, ESC LHIN Facebook "Likes," for the year ended March 31, 2012	
TWITTER	406	N/A	"Followers"	Total number, ESC LHIN Twitter followers, for the year ended March 31, 2012.	
YOUTUBE	1,530	N/A	"Video Views"	Total number, ESC LHIN YouTube video views, for the year ended March 31, 2012.	

BETTER PROVINCIAL RANKINGS

#1

IN ONTARIO FOR CATARACT SURGERY WAIT TIMES

#1

IN ONTARIO FOR DIAGNOSTIC MRI SCAN WAIT TIMES

#1

IN ONTARIO FOR DIAGNOSTIC CT SCAN WAIT TIMES

WHAT IS THE MINISTRY-LHIN PERFORMANCE AGREEMENT?

The Ministry-LHIN Performance Agreement (MLPA) sets out the obligations of the Ministry of Health and Long-Term Care and the ESC LHIN to fulfill its mandate to plan, integrate and fund local health care services.

Developing and updating this accountability agreement is a collaborative process that defines the relationship between the MOHLTC and the ESC LHIN and helps us strengthen local health care.

REPORT ON MLPA PERFORMANCE INDICATORS CHART

In reviewing the following chart, the reader should remember that negative numbers (indicating wait times) represent an improvement in system performance.

PERFORMANCE INDICATORS	BASELINE FISCAL YEAR 2010-11	LHIN 11-12 STARTING POINT	LHIN 11-12 PERFORMANCE TARGET	MOST RECENT 2011-12 LHIN PERFORMANCE	% FROM TARGET FOR MOST RECENT QUARTER
Top provincial performances were achieved on many LHIN performance indicators. Although there is still work to do in achieving these targets, for many months the ESC LHIN led the province in ED wait times for complex non-admitted patients, as well as wait times for MRIs, cancer surgery and cataract surgery. The ESC LHIN has been successful at impacting many of the indicators with Aging-at-Home funding, Urgent Priority funding, Wait Times funding and in-year reallocations. LEAN management processes have also improved efficiency within health service providers.					
90th Percentile Wait Times for Cancer Surgery (in days)	45	48	45	39	-13.3%*
ESC LHIN continues to work closely with the Windsor Regional Cancer Centre, which is a high Ontario performer.					
90th Percentile Wait Times for Cardiac Surgery (in days)	NA	NA	NA	NA	NA
This service is not available within the ESC LHIN. The area's residents typically access this care in the South West LHIN.					
90th Percentile Wait Times for Cataract Surgery (in days)	64	56	56	63	12.5%
Hôtel-Dieu Grace Hospital continues to be recognized as a top provincial performer for cataract surgery wait times due to its circular flow and LEAN processes. This model has been used at other hospitals throughout the ESC LHIN to improve efficiency.					
90th Percentile Wait Times for Hip Replacement (in days)	121	132	121	160	32.2%
The ESC LHIN continues to meet provincial targets for hip replacements. Collaboration continues between physicians and hospital staff to improve scheduling and reduce wait times for these surgeries.					
90th Percentile Wait Times for Knee Replacement (in days)	130	142	130	176	35.4%
The ESC LHIN continues to meet provincial targets for knee replacements. Collaboration continues between physicians and hospital staff to improve scheduling and reduce wait times for these surgeries.					
90th Percentile Wait Times for Diagnostic MRI Scan (in days)	59	70	28	42	50%
ESC LHIN is a top provincial performer for MRI wait times. LEAN initiatives have maximized efficiency of the area's MRIs. Both BWH and WRH held the best MRI wait times this year. Additional operating hours were funded by the Wait Times Office, further supporting wait-time reduction.					
90th Percentile Wait Times for Diagnostic CT Scan (in days)	28	26	26	19	-26.9%
Rapid booking processes, additional scan time and ensuring standardized prioritization of cases has reduced wait times and achieved targets.					

REPORT ON MLPA PERFORMANCE INDICATORS CHART (continued)

PERFORMANCE INDICATORS	BASELINE FISCAL YEAR 2010-11	LHIN 11-12 STARTING POINT	LHIN 11-12 PERFORMANCE TARGET	MOST RECENT 2011-12 LHIN PERFORMANCE	% FROM TARGET FOR MOST RECENT QUARTER
Percentage of Alternate Level of Care (ALC) Days	13.24%	10.85%	12%	12.06%	.5%

The following pressures impacted ALC performance in Windsor/Essex:

- Closing of one long-term care (LTC) home and resulting overlap in transitioning residents into their new home
- Major flooding of Banwell Gardens LTC home causing emergency relocation of residents
- Delays in construction of a new LTC home

ALC rates in Chatham-Kent and Sarnia/Lambton remained stable in 2010-2011.

Assess and Restore programs at Hôtel-Dieu Grace Hospital, Leamington District Memorial Hospital and Chatham-Kent Health Alliance, CCAC resettlement services, assistive living expansions and activation teams have improved ALC performance and decreased hospital length of stay.

End-of-Life Outreach teams have supported people in their wish to die at home, in the comfort of their own surroundings. Additionally, Geriatric Emergency Management (GEM) nurses and CCAC case managers in emergency departments have also been successful at linking patients to appropriate community services.

Additional strategies included:

- Opening 60 new interim LTC beds at Leamington Court Retirement Home
- Funding for 20 new complex continuing care beds at Windsor Regional Hospital
- Purchase and implementation of Medworxx Clinical Utilization tool to better manage patient flow with real-time data
- Geriatric Mental Health Outreach Teams focused on patients with dementia
- Increased use of transitional care programing
- Conversion of underused LTC respite beds into long-stay beds
- ESC LHIN Rehabilitation Strategic Plan
- Process Improvement Plan University
- Daily hospital discharge bullet rounds
- Primary Care Engagement/Primary Care Lead

The ESC LHIN continues to look for sustainable solutions to ALC consistent with a Home First philosophy.

90th Percentile ER Length of Stay for Admitted Patients (in hours)	23.32	18.5	17	25.08	47.5%

A rise in ALC lengthened the ED wait times for admitted patients for whom beds were not immediately available. Pay-for-Performance funding and ED Performance Improvement Plans resulted in more CT scan time for the ED, hiring of flow coordinators, ED Admissions Teams, registration improvements and increased triage nursing.

90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS** I-III) Patients (in hours)	7.13	6.8	6.5	7.25	11.5%

As bed pressures developed in Windsor/Essex, monitoring of non-admitted complex patients also increased. To assist in lessening the impact from bed pressures, the following were implemented:

- flow coordinators
- nurse practitioners
- physician assistants
- increased ultrasound time
- creation of a medical admissions unit
- registration improvement initiatives
- increased triage nursing

90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS** IV-V) Patients (in hours)	4.32	4.3	4	4.1	2.5%

ED Pay-for-Results funding and ED Performance Improvement Plans helped create fast-track areas, while nurse practitioners and flow nurses were effective at managing low-acuity, non-admitted patients in emergency departments.

Repeated Unplanned Emergency Visits within 30 Days for Mental Conditions***	16.45%	14.5%	18.8%	19.73%	5%

A review of patient charts was undertaken to better assess the needs of the moderately mentally ill. Also, high-risk youth who frequent the ED are being assessed through a joint initiative between the Ministry of Child and Youth Services and the ESC LHIN.

NURSE-LED OUTREACH TEAMS – FUNDED BY ESC LHIN – ARE HELPING TO BRIDGE THE GAP BETWEEN HOSPITALS & LTC HOMES

Bob's behavioural changes worried the staff of his nursing home. Faced with Bob's onset of confusion and lethargy, they prepared to send him to hospital. Thanks to an assessment by the Nurse-Led Outreach Team from Hôtel-Dieu Grace Hospital, Bob was diagnosed and treated for a urinary tract infection.

Within two days, his confusion and lethargy were resolved and his regular appetite and activities returned to normal. In addition to avoiding an unnecessary trip to the emergency department, the prompt treatment likely helped avoid the development of urosepsis, which would have required more aggressive hospital treatment.

GEMs

When Helen, an 88-year-old resident of a local LTC home, was brought to Hôtel-Dieu Grace Hospital she was agitated and aggressive, refusing medications and expressing thoughts of suicide.

The geriatric Emergency Management Nurse quickly uncovered the cause: Helen felt that staff members were not listening to her concerns about the large amount of pills she was taking. Together, they created a care plan that included a review of her medications.

As a result, Helen was discharged to her home with follow-up visits arranged to assess her progress. Helen became compliant about taking her medications, no longer expressed suicidal thoughts and seemed to be much happier.

REPORT ON MLPA PERFORMANCE INDICATORS CHART (continued)

PERFORMANCE INDICATORS	BASELINE FISCAL YEAR 2010-11	LHIN 11-12 STARTING POINT	LHIN 11-12 PERFORMANCE TARGET	MOST RECENT 2011-12 LHIN PERFORMANCE	% FROM TARGET FOR MOST RECENT QUARTER
Repeated Unplanned Emergency Visits within 30 Days for Substance Conditions***	19.16%	19%	17.2%	22%	27.9%
To reduce ED visits, addiction-care providers were trained in overdose prevention. Residential treatment programs were improved with the addition of withdrawal management services, as well as psychiatric assessments.					
90th Percentile Wait Time for CCAC In-Home Services – Application from Community Setting to first CCAC Service (excluding case management)**	N/A	23%	23%	19%	-17.4%*
Readmission within 30 Days for Selected Case Mix Groupings ***	15.31%	15%	12.8%	13.55%	5.9%

The Erie St. Clair region has one of the highest levels of chronic disease, particularly COPD and cardiovascular conditions. To improve management of these conditions, promotion of the Health Care Connect program has been effective in linking over 5,000 patients with a family doctor or nurse practitioner.

Rapid Response Chronic Disease Management Teams have been developed to provide care to COPD patients and there are plans to expand this care to congestive heart failure patients. Rehab services were also provided by outreach teams as a part of this program.

The Chatham-Kent Community Health Centres are expanding their Rapid Response Chronic Disease Management Team to Wallaceburg and Walpole Island to provide stronger chronic disease management and increased primary care for these communities.

GEM nurses provide linkages to these programs directly from emergency departments, and nurse-led outreach teams in long-term care homes are helping to decrease readmissions for these chronic diseases.

** A negative percentage means that the target has been met*
*** Canadian Triage and Acuity Scale*
**** FY 2011-2012 is based on only three quarters of data (Q2-Q4 2011-2012) due to availability*

OPERATIONAL PERFORMANCE

The ESC LHIN has completed another year of balanced-budget full funding authority for the 89 health service providers that fall under its jurisdiction. The funding is detailed in the statement of financial activities. Additional funding was received from the MOHLTC for specific projects, including:

- continuation of the Erie St. Clair eHealth Strategy with the addition of a one-time eHealth project "Resource Matching & Referral"
- support of a new French Language Health Planning Entity
- funding for Aboriginal engagement
- funding for the recruitment of a Primary Care Lead
- continued funding support for the Critical Care and Emergency Department Leads
- project funding for BSO project start-up

Four people serve the ESC LHIN as representatives in key areas as directed by the MOHLTC. Dr. Eli Malus continued as Critical Care Lead, Dr. David Ng continued as the Emergency Department Lead, Dr. Martin Lees joined the LHIN as the Primary Care Lead and Steven Banyai continued in the role of eHealth Lead.

HOME FIRST & ASSESS AND RESTORE

SERVICE/INITIATIVE	ORGANIZATION	FUNDING
Emergency Response	Leamington Mennonite Home	45,000*
Assisted Living for Seniors	Assisted Living Southwestern Ontario	670,000
Meals on Wheels Community Plan	St. Andrew's Residence	42,000*
Allied Health Services Enhancement	Windsor Regional Hospital	200,000
Home First	Erie St. Clair CCAC	1,500,000
Home Care	Erie St. Clair CCAC	789,971
	TOTAL	**$ 3,160,058**

** Indicates base funding, all others are one-time allocations*

On Aug. 28, 2007, the Government of Ontario announced the Aging at Home initiative to improve access to local services that help seniors live independently and healthily in their homes. The ESC LHIN received approximately $27.3 million over three years to support the local needs of its senior citizens. Although no new funds were received to support the strategy in 2011-12, the ESC LHIN used a mix of available one-time and base funds to put in place additional services in keeping with the goals of Aging at Home and target reductions in ALC rates. Services funded in 2011-12 are set out in the chart above.

With the Aging at Home Strategy effectively complete, the Erie St. Clair began the next chapter of this work – reforming the health system through its Home First approach.

Too often, seniors wait in hospitals and enter LTC homes with health care needs that, with proper support, could be safely met in the comfort of their own homes.

The goal of Home First is to:
- get better results for seniors
- make better use of health care services
- ease pressures on hospitals
- reduce long wait times in our hospital emergency rooms

The health care needs of seniors in hospitals can often be safely met in their homes

To implement Home First, the Erie St. Clair LHIN partnered with the Erie St. Clair CCAC to recruit a steering committee and three geographic implementation teams. To redesign the system around the Home First philosophy, value stream mapping exercises were held by the Erie St. Clair CCAC with frontline staff in each of the LHIN's three regions to formulate the changes required within the hospitals, the CCAC and community support services to improve flow and seamless transition of patients.

The geographic implementation teams also identified local needs and opportunities to improve integration of services to support Home First. Home First was launched through education sessions with frontline hospital and CCAC staff supported by communications materials and a Home First website.

In 2012-13 Home First will become fully implemented and communicated broadly to the community.

PENNY'S STORY

Accustomed to living comfortably at home with her husband, Penny faced the possibility of requiring long-term care after a serious fall from a ladder. The injury to her knee was debilitating; she could not put any weight on her leg and she had difficulty walking, even with crutches.

Although her home had multiple levels and mobility would be difficult, Penny was determined to recover at home, under the care of her husband. A referral to Home First helped them develop an easy transition plan. Her support included special equipment, a personal support worker, occupational therapy and specialized transportation. With much determination and effort, Penny improved her mobility and became able to live independently in her home with her husband.

URGENT PRIORITIES FUND

The ESC LHIN received $2.5 million from the MOHLTC to be directed, at the discretion of the ESC LHIN, toward urgent priorities. A total of 24 programs were approved as one-time expenditures. The funding allocations were divided into two categories: ALC ($1.2 million) and community-based programs ($1.3 million).

INITIATIVE	ORGANIZATION	FUNDING
Consolidated Health Information Services Project Management Office Support	Chatham-Kent Health Alliance	$50,000
Leamington Court Transportation	South Essex Community Council	$20,000
ALSO Assisted Living Southwestern Ontario	Association for People with Physical Disabilities	$367,000
Psychiatric Assessment Team	Hôtel-Dieu Grace Hospital	$360,000
ESC LHIN Home First Implementation Team	Erie St. Clair Community Care Access Centre	$300,000
Windsor Essex Community Health Centre Capital Project - Year One	Windsor Essex Community Health Centre	$257,000
Mental Health Patient Assistance Program	Canadian Mental Health & Addictions - Windsor/Essex	$80,000
Rehabilitation Network request for LHINwide work	Windsor Regional Hospital	$60,000
Mental Health & Addictions Network request for LHINwide work	Windsor Regional Hospital	$65,000
Feasability Study	St. Andrews Residence	$50,000
Emergency Department Case Manager Windsor/Essex	Canadian Mental Health & Addictions - Windsor/Essex	$84,000
Asthma Education Clinic	Windsor Regional Hospital	$30,000
Emergency Roof Replacement	House of Sophrosyne	$52,772
Clinical Lead Administrative Support	Hôtel-Dieu Grace Hospital	$35,000
Medworxx	Windsor Regional Hospital	$21,580
Long-Term Care Promotional Packages	Erie St. Clair Community Care Access Centre	$100,000
Procure Internal Audit	Windsor Regional Hospital	$25,000
Convalescent Care Beds - Rose Garden Villa	Revera Homes - Rose Garden Villa	$26,500
Patient Referral Program	Mental Health Connections	$20,000
Enhanced South Essex Transit Program	South Essex Community Council	$10,000
Operating Pressures	Canadian Mental Health & Addictions - Windsor/Essex	$58,420
Lead Administrative Support	Hôtel-Dieu Grace Hospital	$140,000
Rehab Bed Expansions	Windsor Regional Hospital	$115,700
Operating Pressures	Erie St. Clair Community Care Access Centre	$199,800
TOTAL		**$2,527,772**

NEW ASSISTED LIVING APARTMENTS HELP SENIORS LIVE INDEPENDENTLY

The newly expanded facilities at Assisted Living Southwestern Ontario are designed to ensure independence, dignity and quality of life for area seniors. Apartments now provide an alternative to staying in hospital or a LTC setting.

In these apartments, clients have access to 24/7 supports while living independently or with a spouse. Personal supports include bathing, dressing, wound care and bowel and bladder care, as well as assistance with all tasks of daily living.

This successful program has expanded to a total of 87 Assisted Living apartments. The increase in services was coordinated by the ESC LHIN and Assisted Living Southwestern Ontario to reduce ALC rates in Windsor/Essex and to improve patient flow in area hospitals.

BOARD OF DIRECTORS

DIRECTOR	POSITION	LOCATION	TENURE
 Mina Grossman-Ianni*	Chair (out-going)	Amherstburg	June 1, 2005 - May 31, 2008 Resigned / Revoked December 13, 2006 April 2, 2008 - April 1, 2011 (2nd Appointment)
 Dave Cooke	Chair (in-coming)	Windsor	February 7, 2011 - February 6, 2014 April 2, 2011 - February 6, 2014 (Order In Council as Board Chair)
 Michael Hoare	Vice Chair	Grand Bend	May 17, 2011- May 16, 2014 March 22, 2012 - May 16, 2014 (Order In Council as Vice Chair)
 David Wright*	Director	Forest	June 1, 2005 - May 31, 2008 (Director) May 17, 2006 - May 31, 2008 (Vice Chair) (Acting Chair August 16, 2006 - April 1, 2008) June 2, 2008 - June 1, 2011 (Vice-Chair, 2nd Appointment)
 Gary Parent*	Director	LaSalle	May 17, 2006 - May 16, 2008 May 17, 2008 - May 16, 2011 (2nd Appointment)
 Lynn McGeachy Schultz	Director	Chatham	January 10, 2008 - January 9, 2011 January 9, 2011 - January 10, 2014 (2nd Appointment)
 Merilyn (Lyn) Allison	Director/Secretary	Chatham	January 13, 2010 - January 12, 2013
 Mike Lowther	Director	Chatham	October 6, 2010 - October 5, 2013
 Patrick (Pat) O'Malley	Director	Bright's Grove	October 27, 2010 - October 26, 2013
 Barbara Bjarneson	Director	Windsor	February 9, 2011 - February 8, 2014
 Robert (Bob) Bailey	Director	Amherstburg	April 18, 2011 - April 17, 2014
 Joseph Bisnaire	Director	Windsor	June 2, 2011- June 1, 2014

*Indicates term ended in 2012 fiscal.

Management Responsibility Report

The management of the Erie St. Clair Local Health Integration Network (LHIN) is responsible for preparing the accompanying financial statements in conformity with generally accepted accounting principles. In preparing these financial statements, management selects appropriate accounting policies and uses its judgement and best estimates to report events and transactions as they occur. Management has determined such amounts on a reasonable basis in order to ensure that the financial statements are presented fairly, in all material respects. Financial data included throughout this Annual Report is prepared on a basis consistent with that of the financial statements.

The LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the LHIN's policies for doing business.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Audit Committee. The Committee meets approximately four times annually to review audited and unaudited financial information. Deloitte & Touche LLP has full and free access to the Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the LHIN's activities.

Mr. Gary Switzer
Chief Executive Officer

Mr. Matthew Little, CMA
Director, Corporate Services and Controller

April 26, 2012

Financial statements of

Erie St. Clair Local Health Integration Network

March 31, 2012

Erie St. Clair Local Health Integration Network

March 31, 2012

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Deloitte.

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Independent Auditor's Report

To the Members of the Board of Directors of the
Erie St. Clair Local Health Integration Network

We have audited the accompanying financial statements of Erie St. Clair Local Health Integration Network, which comprise the statement of financial position as at March 31, 2012, and the statements of financial activities, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Erie St. Clair Local Health Integration network as at March 31, 2012 and the results of its financial activities, changes in net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 22, 2012

Erie St. Clair Local Health Integration Network

Statement of financial position
as at March 31, 2012

	2012	2011
	$	$
Financial assets		
Cash	**493,712**	849,512
Due from Ministry of Health and Long-Term Care ("MOHLTC") (Note 7)	**1,463,700**	4,331,253
Accounts receivable	**218,198**	58,627
Due from the LHIN Shared Services Office (Note 3)	**2,729**	6,499
	2,178,339	5,245,891
Liabilities		
Accounts payable and accrued liabilities	**701,947**	854,497
Due to MOHLTC (Note 10b)	**25,205**	55,755
Due to Health Service Providers ("HSPs") (Note 7)	**1,463,700**	4,331,253
Due to the LHIN Shared Services Office (Note 3)	**-**	4,386
Deferred capital contributions (Note 4)	**33,489**	67,490
	2,224,341	5,313,381
Commitments (Note 13)		
Net debt	**(46,002)**	(67,490)
Non-financial assets		
Prepaid expenses	**12,513**	-
Capital assets (Note 5)	**33,489**	67,490
Accumulated surplus	**-**	-

Approved by the Board

Director

Director

Erie St. Clair Local Health Integration Network

Statement of financial activities
year ended March 31, 2012

	Budget (Unaudited - Note 6)	2012 Actual	2011 Actual
	$	$	$
Revenue			
MOHTLC funding			
HSP transfer payments (Note 7)	987,148,856	1,063,512,111	1,004,975,091
Operations of LHIN	4,558,920	4,565,173	4,486,383
Emergency Department Lead (Note 9a)	75,000	75,000	75,000
Critical Care Lead (Note 9b)	75,000	75,000	75,000
Behavioural Supports Ontario Fund (Note 9c)	-	57,000	-
Primary Care Lead (Note 9d)	-	43,750	-
French Language Health Planning Entities Fund (Note 9e)	425,533	425,533	144,424
Diabetes Fund (Note 9f)	-	-	35,000
French Language Services Fund (Note 9g)	-	-	35,558
E-Health (Note 9h)	510,000	700,700	1,287,000
Amortization of deferred capital contributions (Note 4)	25,000	34,001	44,574
	992,818,309	1,069,488,268	1,011,158,030
Funding repayable to the MOHLTC (Note 10)	-	(53,379)	(87,005)
	992,818,309	1,069,434,889	1,011,071,025
Expenses			
Transfer payments to HSPs (Note 7)	987,148,856	1,063,512,111	1,004,975,091
General and administrative (Note 8)	4,583,920	4,589,726	4,530,957
Emergency Department Lead (Note 9a)	75,000	75,000	75,000
Critical Care Lead (Note 9b)	75,000	71,825	51,000
Behavioural Supports Ontario Fund (Note 9c)	-	47,494	-
Primary Care Lead (Note 9d)	-	12,500	-
French Language Health Planning Entities Fund (Note 9e)	425,533	425,533	144,424
Diabetes Fund (Note 9f)	-	-	3,750
French Language Services Fund (Note 9g)	-	-	3,803
E-Health (Note 9h)	510,000	700,700	1,287,000
	992,818,309	1,069,434,889	1,011,071,025
Annual surplus and closing accumulated surplus	-	-	-

Erie St. Clair Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2012

	Budget (Unaudited - Note 6)	2012 Actual	2011 Actual
	$	$	$
Annual surplus	-	-	-
Prepaid expenses incurred	-	(12,513)	12,347
Acquisition of capital assets	-	-	(47,460)
Amortization of capital assets	25,000	34,001	44,574
Decrease in net debt	25,000	21,488	9,461
Opening net debt	(67,490)	(67,490)	(76,951)
Closing net debt	(42,490)	(46,002)	(67,490)

Erie St. Clair Local Health Integration Network

Statement of cash flows
year ended March 31, 2012

	2012	2011
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**34,001**	44,574
Amortization of deferred capital contributions (Note 4)	**(34,001)**	(44,574)
Changes in non-cash operating items		
Decrease (increase) in due from MOHLTC	**2,867,553**	(1,031,767)
Increase in accounts receivable	**(159,571)**	(58,627)
Decrease (increase) in due from LHIN Shared Services Office	**3,770**	(1,499)
(Decrease) increase in accounts payable and accrued liabilities	**(152,550)**	247,284
(Decrease) increase in due to MOHLTC	**(30,550)**	40,842
(Increase) decrease in due to HSPs	**(2,867,553)**	1,031,767
(Decrease) increase in due to LHIN Shared Services Office	**(4,386)**	4,386
(Increase) decrease in prepaid expenses	**(12,513)**	12,347
	(355,800)	244,733
Capital transactions		
Acquisition of capital assets	-	(47,460)
Financing transactions		
Increase in deferred capital contributions (Note 4)	-	47,460
Net (decrease) increase in cash	**(355,800)**	244,733
Cash, beginning of year	**849,512**	604,779
Cash, end of year	**493,712**	849,512

Erie St. Clair Local Health Integration Network

Notes to the financial statements

March 31, 2012

1. Description of business

The Erie St. Clair Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the Erie St. Clair Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed health service providers in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized Health Service Providers ("HSPs") are expensed in the LHIN's financial statements for the year ended March 31, 2012.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Municipalities of Essex, Lambton and Chatham-Kent. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account.

The LHIN financial statements do not include any MOHLTC managed programs.

The LHIN is also funded by eHealth Ontario in accordance with the eHealth Ontario – LHIN Transfer Payment Agreement ("TPA"), which describes budget arrangements established by eHealth Ontario. These financial statements reflect agreed funding arrangements approved by eHealth Ontario. The LHIN cannot authorize an amount in excess of the budget allocation set by eHealth Ontario.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of capital assets and losses in the value of assets.

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. Unspent amounts are recorded as payable to the MOHLTC at period end. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

2. Significant accounting policies (continued)

Capital assets (continued)

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Office equipment	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of financial activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Related party transactions

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

The LHIN Collaborative (the "LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system; their role as system manager; where appropriate, the consistent implementation of provincial strategy and initiatives; and the identification and dissemination of best practices. LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

4. Deferred capital contributions

	2012	2011
	$	$
Balance, beginning of year	**67,490**	64,604
Capital contributions received during the year	**-**	47,460
Amortization for the year	**(34,001)**	(44,574)
Balance, end of year	**33,489**	67,490

5. Capital assets

	Cost	Accumulated amortization	2012 Net book value	2011 Net book value
	$	$	$	$
Office equipment	472,325	472,325	-	2,205
Computer equipment	108,598	89,461	19,137	37,567
Leasehold improvements	596,550	582,198	14,352	27,718
	1,177,473	1,143,984	33,489	67,490

6. Budget figures

The budgets were approved by the Government of Ontario. The budget figures reported in the Statement of financial activities reflect the initial budget at April 1, 2011. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $1,063,512,111 is derived as follows:

	$
Initial budget	987,148,856
Adjustment due to announcements made during the year	76,363,255
Final HSP funding budget	1,063,512,111

The final LHIN budget, excluding the HSP funding, of $5,888,777 is derived as follows:

	$
Initial budget	5,644,453
Additional funding received during the year	244,324
Amount treated as capital contributions made during the year	-
Final LHIN operations budget	5,888,777

7. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $1,063,512,111 (2011 - $1,004,975,091) to various HSPs in its geographic area. The LHIN approved transfer payments to various sectors in 2012 as follows:

	2012	2011
	$	$
Operation of hospitals	672,534,639	638,504,780
Health infrastructure renewal fund - hospitals	-	2,025,299
Grants to compensate for municipal taxation - public hospitals	167,625	163,650
Long-term care homes	179,903,526	168,841,929
Community care access centres	121,378,126	111,133,672
Community support services	17,267,639	16,085,420
Assisted living services in supportive housing	6,887,151	5,633,306
Community health centres	24,056,526	23,327,102
Community mental health addictions programs	10,079,591	9,590,687
Community mental health programs	31,237,288	29,669,246
	1,063,512,111	1,004,975,091

The LHIN receives money from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2012, an amount of $1,463,700 (2011 - $4,331,253) was receivable from the MOHLTC and payable to the HSPs. These amounts have been reflected as revenue and expenses in the statement of financial activities and are included in the table above.

8. General and administrative expenses

The Statement of financial activities presents the expenses by function. The following classifies general and administrative expenses by object:

	2012	2011
	$	$
Salaries and benefits	3,312,882	3,040,178
Occupancy	257,874	290,583
Amortization	34,001	44,574
Shared services	365,025	359,495
Public relations	60,512	68,825
Consulting services	148,407	148,601
Supplies	35,693	37,859
Board Chair per diems	22,400	55,650
Board member per diems	37,900	58,675
Board member expenses	19,142	67,052
Mail, courier and telecommunications	59,719	57,503
LHIN collaborative	28,219	50,028
Other	207,952	251,934
	4,589,726	4,530,957

9. Programs

a) Emergency Department Lead

The MOHLTC provided the LHIN with $75,000 (2011 - $75,000) to hire a LHIN representative for emergency department planning. Dr. David Ng incurred operating expenses totaling $75,000 (2011 - $75,000).

b) Critical Care Lead

The MOHLTC provided the LHIN with $75,000 (2011 - $75,000) to hire a LHIN representative for critical care planning. Dr. Eli Malus incurred operating expenses totaling $71,825. Unused funding of $3,175 is repayable to the Ministry of Health and Long-Term Care.

c) Behavioural Supports Ontario Fund

The MOHLTC provided the LHIN with $57,000 (2011 - $nil) to develop programs specifically attributed to behavioural supports as guided by the Ministry. The LHIN incurred operating expenses totaling $47,494. Unused funding of $9,506 is repayable to the Ministry of Health and Long-Term Care.

d) Primary Care Lead

The MOHLTC provided the LHIN with $43,750 (2011 - $nil) to hire a LHIN representative for primary care planning. Dr. Martin Lees incurred operating expenses totaling $12,500. Unused funding of $31,250 is repayable to the Ministry of Health and Long-Term Care.

e) French Language Health Planning Entity

The MOHLTC provided the LHIN with $425,533 (2011 - $144,424) to establish and fund a new entity on behalf of the Southwest and Erie St. Clair LHINs. All funds were expended.

f) Diabetes

The MOHLTC provided the LHIN with $nil (2011 - $35,000) to produce a Self-Management toolkit and incurred operating expenses totaling $nil (2011 - $3,750).

g) French Language Services

The MOHLTC provided the LHIN with $72,500 in 2010 to enhance French Language services information, of which $35,558 was deferred to 2011. The LHIN incurred operating expenses totaling $3,803 in 2011 resulting in unused funding of $31,755 which was repayable to the Ministry of Health and Long-Term Care.

h) E-Health

eHealth Ontario provided $700,700 (2011 - $1,287,000) to the LHIN. The LHIN had a contract and retained services of the Consolidated Health Information Services ("CHIS") during 2012 and 2011 for the entire allotment of funding.

10. Funding repayable to the MOHLTC and eHealth Ontario

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

In accordance with the TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the eHealth Ontario.

a) The amount repayable to the MOHLTC and eHealth Ontario related to current year activities is made up of the following components:

			2012	2011
	Funding received	Eligible expenses	Funding excess	Funding excess
	$	$	$	$
Transfer payments to HSPs	1,063,512,111	1,063,512,111	-	-
LHIN operations	4,565,173	4,555,725	9,448	-
French Language Health Planning	425,533	425,533	-	-
BSO Fund	57,000	47,494	9,506	-
Critical Care Lead Fund	75,000	71,825	3,175	24,000
Primary Care Lead Fund	43,750	12,500	31,250	-
Emergency Department Lead	75,000	75,000	-	-
Diabetes Fund	-	-	-	31,250
French Language Services Fund	-	-	-	31,755
E-Health	700,700	700,700	-	-
	1,068,753,567	1,068,700,188	53,379	87,005

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2012	2011
	$	$
Due to MOHTLC, beginning of year	55,755	14,913
Funding repayable to the MOHLTC related to current year activities (Note 10a)	53,379	87,005
Amounts repaid to MOHLTC during the year	(83,929)	(46,163)
Due to MOHLTC, end of year	25,205	55,755

11. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 25 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2012 was $216,662 (2011 - $213,717) for current service costs and is included as an expense in the Statement of financial activities. The last actuarial valuation was completed for the plan as at December 31, 2011. At that time, the plan was fully funded.

12. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

13. Commitments

The LHIN has funding commitments to health service providers associated with accountability agreements. The LHIN had the following funding commitments as of March 31, 2012.

	$
2013	251,058,315

The LHIN also has commitments under various operating leases related to building and equipment. Lease renewals are likely. Minimum lease payments due in each of the next four years are as follows:

	$
2013	192,804
2014	180,204
2015	156,804
2016	91,469

14. Comparative figures

Certain comparative figures have been reclassified to conform to the current year presentation.

ESC LHIN HEALTH SERVICE PROVIDERS

Community Care Access Centre

- Erie St. Clair Community Care Access Centre

Community Health Centres

Chatham-Kent

- Chatham-Kent Community Health Centre

Sarnia/Lambton

- Grand Bend Area Community Health Centre Inc.
- North Lambton Community Health Centre

Windsor/Essex

- City Centre Health Centre
- Windsor Essex Community Health Centre
- Sandwich Community Health Centre Inc.
- Teen Health Centre Windsor-Essex

Community Support Services

Chatham-Kent

- Alzheimer Society of Chatham-Kent
- Blenheim & Community Senior Citizens Group
- Brain Injury Association of Chatham-Kent
- Canadian Hearing Society - Chatham-Kent
- Canadian Red Cross, Chatham-Kent
- Family Service Kent
- Maple City Centre for Older Adults
- Meals on Wheels (Dresden) Inc.
- Meals on Wheels Ridgetown
- Ontario March of Dimes – Chatham-Kent
- St. Andrew's Residence - Meals on Wheels Chatham Inc.
- Victorian Order of Nurses for Canada - Chatham-Kent

Sarnia/Lambton

- Alzheimer Society of Sarnia-Lambton
- Bkejwanong Territory Ojibways of Walpole Island
- Canadian Red Cross, Sarnia-Lambton
- Chippewas of Kettle and Stony Point Home Support Program
- Lambton Elderly Outreach Inc
- Ontario March of Dimes – Sarnia-Lambton
- Victorian Order of Nurses for Canada - Sarnia-Lambton

Windsor/Essex

- Alzheimer Society of Windsor and Essex County
- Amherstburg Community Services
- Assisted Living Southwestern Ontario
- Canadian Hearing Society - Windsor Region
- Canadian National Institute for the Blind - Windsor District
- Centres for Seniors Windsor
- Citizen Advocacy Windsor-Essex
- Community Support Centre of Essex County
- Essex Community Services
- Hospice of Windsor and Essex County Inc.
- Leamington United Mennonite Home & Apartments
- Ontario March of Dimes – Windsor-Essex
- South Essex Community Council Incorporated
- Victorian Order of Nurses for Canada - Windsor/Essex

Hospitals

Chatham-Kent

- Chatham-Kent Health Alliance: Chatham Campus and Sydenham Campus

Sarnia/Lambton:

- Bluewater Health: Norman Site and Charlotte Eleanor Englehart Hospital Site

Windsor/Essex:

- Hôtel-Dieu Grace Hospital
- Leamington District Memorial Hospital
- Windsor Regional Hospital

Long-Term Care Homes

Chatham-Kent

- Blenheim Community Village
- Copper Terrace
- Fairfield Park
- Meadow Park Nursing Home
- Riverview Gardens Long Term Care Facility
- Tilbury Manor Nursing Home
- Village on the Ridge

Sarnia/Lambton

- Afton Park Place Long Term Care Community
- Fiddick's Nursing Home
- Lambton Meadowview Villa
- Marshall Gowland Manor
- North Lambton Lodge
- Sumac Lodge
- Trillium Villa Nursing Home-- S&R Nursing Homes Ltd.
- Twin Lakes Terrace Long Term Care Community
- Vision Nursing Home-- Vision 74' Inc.
- Watford Quality Care Centre

Windsor/Essex

- Aspen Lake
- Banwell Gardens
- Brouillette Manor
- Chateau Park Long Term Care Home
- Country Village Health Care Centre
- Extendicare (Canada) Inc. - Tecumseh
- Extendicare (Canada) Inc.- Southwood Lake
- Heron Terrace Long Term Care Community
- Huron Lodge Home for Seniors
- Iler Lodge
- Franklin Gardens Long Term Care Home
- Leamington United Mennonite Home & Apartments
- Regency Park Long Term Care Home
- Richmond Terrace
- Riverside Place
- Rose Garden Villa
- Royal Oak Long Term Care Centre
- Sun Parlor Home for Senior Citizens

Mental Health and Addictions

Chatham-Kent

- Canadian Mental Health Association, Chatham-Kent
- Chatham-Kent Consumer and Family Network
- Mental Health and Addictions Program
- Chatham-Kent Health Alliance
- Westover Treatment Centre

Sarnia/Lambton

- Bluewater Health
- Canadian Mental Health Association, Lambton County
- Family Counseling Centre
- Corporation of the County of Lambton - Senior Services

Windsor/Essex

- Brentwood Recovery Home
- Bulimia Anorexia Nervosa Association
- Canadian Mental Health Association, Windsor-Essex County
- Community Crisis Centre of Windsor-Essex County
- Hospice of Windsor and Essex County Inc.
- Hôtel-Dieu Grace Hospital
- House of Sophrosyne
- Leamington District Memorial Hospital
- Mental Health Connections
- Mental Health Consumer/Survivor Employment Association of Essex County
- Sexual Assault Crisis Centre of Essex County Inc.
- Windsor Regional Hospital

INDEX OF ACRONYMS

ACT	Assertive Community Treatment
ALSO	Assisted Living Southwestern Ontario
BSO	Behavioural Supports in Ontario
BWH	Bluewater Health
CCAC	Community Care Access Centre
CDA	Canadian Diabetes Association
CHC	Community Health Centre
CMHA	Canadian Mental Health Association
COPD	Chronic Obstructive Pulmonary Disease
DRCC	Diabetes Regional Coordination Centre
ED	Emergency Department
ESC	Erie St. Clair
FLHPE	French Language Health Planning Entity
FLS	French Language Services
GEM	Geriatric Emergency Management
HPC	Hospice Palliative Care
HSP	Health Service Plan
IHSP	Integrated Health Service Plan
LHIN	Local Health Integration Network
LTC	Long-Term Care
MLPA	Ministry-LHIN Performance Agreement
MOHLTC	Ministry of Health & Long-Term Care
MRI	Magnetic Resonance Imaging
OMA	Ontario Medical Association
P4R	Pay for Results
WRH	Windsor Regional Hospital

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